

BINGO OR ANNUAL CHARITY GAME TICKET LICENSE & CHAIRPERSON CHANGE

Complete this form and return to the address listed above to change the information on the Bingo or Annual Charity Game Ticket License Application currently on file with the Michigan Lottery.

**PLEASE PRINT OR TYPE
IN BLUE OR BLACK INK.**

Organization Name	Organization ID Number	License Number
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CHANGE CONTACT PERSON AND LICENSE MAILING ADDRESS

Name	Street Address	Telephone Number (Day) ()
City	State, ZIP Code	Telephone Number (Evening) ()

CHANGE BINGO PLAYING DAY, TIME, OR LOCATION

Effective Date				
Day of Week Bingo Conducted		New building name, if any		
Current	Change	Street Address		
Bingo Start Time				
Current	Change	City	ZIP Code	County
Bingo End Time		NOTE: If you are changing rental halls, a release from your rental agreement must be provided by the landlord.		
Current	Change	The new location is: <input type="checkbox"/> Own location <input type="checkbox"/> Related organization's facility (no rent) (check one) <input type="checkbox"/> Rental Hall -- Hall ID: _____ (Submit rental agreement)		

CHANGE ANNUAL CHARITY GAME TICKET LOCATION

Effective Date	New Location Telephone Number		
New building name, if any		Is the location where the tickets will be sold:	
Street Address		a. Owned and operated by the qualified organization for the regular use of its members? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	ZIP Code	County	b. Rented or leased on a continual basis for the regular use of its members? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please enclose a copy of your rental agreement.)

ADD CHAIRPERSONS

List name, home address, and telephone numbers of each chairperson to be added. (Must be member for 6 months.)			
Name	Street Address	Telephone Number (Day) ()	
City	State, ZIP Code	Telephone Number (Evening) ()	
Name	Street Address	Telephone Number (Day) ()	
City	State, ZIP Code	Telephone Number (Evening) ()	

REMOVE CHAIRPERSONS

Attach additional sheets if necessary.

List the name of each chairperson to be removed.	
Name	Name
Name	Name

Signature of Principal Officer	Print Name	Title	Date
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PLEASE MAKE A COPY OF THE COMPLETED FORM FOR YOUR RECORDS



COMPLETION: Required.
PENALTY: Violation of rules.